IN THE CLAIMS

This listing of claims will replace all prior versions, and listings, of claims in the application.

Complete Listing of Claims:

1. (currently amended) A method of controlled ovarian hyperstimulation in a mammalian female, said method comprising the co-administration to said female of: a substance having follicle stimulating hormone activity (FSH substance) in an amount effective to stimulate multiple follicular development, said FSH substance selected from the group consisting of recombinant FSH (recFSH) and urinary FSH (uFSH); a gonadotropin releasing hormone (GnRH) antagonist in an amount equivalent to a daily subcutaneous dose of 1.0-4.0 mg ganirelix to prevent a premature LH-surge, said GnRH antagonist selected from the group consisting of ganirelix, cetrorelix, ~~a precursor of ganirelix, a precursor of cetrorelix,~~ and mixtures thereof; and an LH substance being recombinant LH (recLH) in an amount equivalent to a daily subcutaneous dose of between 1 and 40 I.U. recLH per kg of bodyweight to prevent or suppress symptoms of luteinising hormone (LH) deficiency resulting from the administration of the GnRH antagonist; followed by the administration of a meiosis and luteinisation inducing substance (ML substance) in an amount effective to stimulate resumption of meiosis and luteinisation, said ML substance selected from the group consisting of recLH, urinary chorionic gonadotropin (uCG), recombinant CG, ~~GnRH,~~ and mixtures thereof.

2. (canceled)

3. (currently amended) The method according to claim 1, wherein the LH substance is administered in an amount effective to maintain the female's blood serum concentration of LH substance[[s]] at a level equivalent to more than 1 I.U. LH/litre of blood serum.

4. (canceled)

5. (currently amended) The method according to claim 1, wherein the GnRH-antagonist is administered at least during the period starting with the moment when [[the]] **a** largest developing ovarian follicle has reached an average diameter of 14 mm and ending one day prior

to the administration of the ML substance in an amount effective to stimulate resumption of meiosis and luteinisation.

6. (previously presented) The method according to claim 1, wherein the GnRH-antagonist is administered at least during the period commencing either 6 days after the start of administration of the FSH substance, or at least 4 days prior to the administration of the ML substance in an amount effective to stimulate resumption of meiosis and luteinisation, whichever is the earliest, and ending one day prior to said administration of the ML substance.

7. (previously presented) The method according to claim 1, wherein the LH substance is administered at least during the period commencing 2 days after the start of administration of the GnRH antagonist and ending with the discontinuation of the administration of the GnRH antagonist.

8. (previously presented) The method according to claim 1, wherein the FSH substance is administered at least during the period starting 8 days after the female's spontaneous menses until the day before administration of the ML substance in an amount effective to stimulate resumption of meiosis and luteinisation.

9. (canceled)

10. (canceled)

11. (canceled)

12. (previously presented) The method according to claim 1, wherein the LH substance used to prevent or suppress symptoms of LH deficiency is obtained from a recombinant cell line.

13. (previously presented) The method according to claim 1, wherein the FSH substance, the GnRH antagonist and the LH substance are administered at least once a day, preferably parenterally.

14. (withdrawn) A pharmaceutical kit comprising: at least one parenteral or oral dosage unit containing one or more FSH substances in an amount equivalent to a subcutaneous dose of 50-1500 I.U. FSH; at least one parenteral dosage unit containing one or more GnRH antagonists in an amount equivalent to a subcutaneous dose of 0.5-25 mg ganirelix; and at least one parenteral dosage unit containing one or more LH substances in an amount equivalent to a subcutaneous dose of 50-3000 I.U. recombinant LH; wherein the LH substance is not obtained from the urine of human females.

15. (withdrawn) The pharmaceutical kit according to claim 14, wherein the dosage unit containing one or more FSH substance, the dosage unit containing one or more GnRH antagonists and the dosage unit containing one or more LH substances are combined in a cartridge for once daily subcutaneous self-administration.

16. (previously presented) The method according to claim 1, wherein the LH substance is administered in an amount effective to maintain the females blood serum concentration of LH substances at a level equivalent to more than 1.2 I.U. LH/litre.

17. (previously presented) The method according to claim 1, wherein the LH substance is administered in a daily dose which is equivalent to an subcutaneous dose of between 2 and 15 I.U. recombinant LH per kg of bodyweight.

18. (currently amended) The method according to claim 1, wherein the GnRH-antagonist is administered at least during the period starting with the moment when [[the]] **a** largest developing ovarian follicle has reached an average diameter of 12 mm and ending one day prior to the administration of the ML substance in an amount effective to stimulate resumption of meiosis and luteinisation.

19. (currently amended) The method according to claim 1, wherein the GnRH-antagonist is administered at least during the period starting with the moment when [[the]] **a** largest developing ovarian follicle has reached an average diameter of 10 mm and ending one day prior to the administration of the ML substance in an amount effective to stimulate resumption of meiosis and luteinisation.

20. (previously presented) The method according to claim 1, wherein the FSH substance is administered at least during the period starting 6 days after the female's spontaneous menses until the day before administration of the ML substance in an amount effective to stimulate resumption of meiosis and luteinisation.